

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

7274

LOCAL FILE NUMBER

Washington State Department of  
Health  
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME HELEN M CARLSON	2. SEX (M / F) Female	3. DEATH DATE (Mo. Day, Yr) Aug 15, 1992					
4. AGE LAST BIRTH- DAY (Yrs) 77	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo. Day, Yr) Jan. 24, 1915	8. BIRTHPLACE (City, State or Foreign Country) Minneapolis, MN.	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH King	
11. CITY, TOWN OR LOCATION OF DEATH Redmond		12. PLACE OF DEATH - <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG RM/OUT PTN 4 <input checked="" type="checkbox"/> HOSP. 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE Eastside Group Health				13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Elmer Carlson			16. SOCIAL SECURITY NO.	17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY At Home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) No	21. RACE (Specify) White		
22. RESIDENCE - NUMBER AND STREET 2825 98th Avenue N.E.		23. CITY/TOWN, OR LOCATION Bellevue	24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY King	25B. LENGTH OF RES. IN CO 41yrs	26. STATE Wash	27. ZIP CODE 98004
28. FATHER'S NAME—FIRST, MIDDLE, LAST Albert Erwin				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Sarah White			
30. INFORMANT—NAME Elmer Carlson		31. MAILING ADDRESS 2825 98th Avenue N.E.		32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo. Day, Yr) 08-17-1992	34. CEMETERY/CREMATORIUM - NAME Uniservice Crematory	35. LOCATION - CITY/TOWN, STATE Seattle Washington 98109
36. FUNERAL DIRECTOR SIGNATURE X <i>Lloyd Z. May</i>		37. NAME OF FACILITY Bleitz Funeral Home 316 Florentia St, Seattle WA		38. ADDRESS OF FACILITY 98109			
40. DATE SIGNED (Mo. Day, Yr) 8-17-92				41. HOUR OF DEATH (24-Hr/s) 0800		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dean Weaver, M.D.	43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X
44. DATE SIGNED (Mo. Day, Yr)				45. HOUR OF DEATH (24 Hrs)		46. PRONOUNCED DEAD (Mo., Day, Yr)	47. HOUR PRONOUNCED DEAD (24 Hrs)
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dean Weaver, M.D. 2701 156th Ave NE Redmond, Wa				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.							
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death).  A <i>Combined Obstructed Pulmonary Disease</i>				INTERVAL BETWEEN ONSET AND DEATH		
	DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.				INTERVAL BETWEEN ONSET AND DEATH		
	B <i>Lung Cancer - Not Biopsied.</i>				INTERVAL BETWEEN ONSET AND DEATH		
	C.				INTERVAL BETWEEN ONSET AND DEATH		
	D.				INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN DEATH UNDERLYING CAUSE GIVEN ABOVE:						52. AUTOPSY? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)	56. INJURY BLDG. ETC. (Specify)	57. INJURY OCCURRED: IN THE STATE OF WASH. 1889 X			
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, OR CITY BLDG. ETC. (Specify)		60. LOCATION FEET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE X				62. SIGNATURE X			63. DATE RECEIVED (Mo. Day, Yr) AUG 07 1992

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